

**MULTIPLE DEPENDENT CLAIM**  
**FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **097743656**

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
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4		1		1		
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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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